


**ANNUAL HEALTH SCIENCES COMPENSATION PLAN
REPORTING FORM FOR CATEGORY I & II OUTSIDE PROFESSIONAL ACTIVITIES**


Reporting Period: Fiscal Year July 1, 2016-June 30, 2017

In accordance with APM - 671, all Compensation Plan Participants are required to complete and submit this form by September 30, 2017

Name (Print) Shane Burch	Academic Title Associate Clinical Professor in Residence	Department Orthopaedic Surgery
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Type of activity: Category I or II	# of Days	Name of Entity	Role	Description of Services Provided	Earnings for each activity: The maximum annual outside professional earnings threshold is \$40,000 or 40% of the Plan Participant's academic year base salary (Scale 0), whichever is greater. This includes cash and non-cash compensation.
II	1 hr	Browning Kaleczyc Berry and Hoven	Consultant	Russo	\$1,500.00
II	4.5 hr	Condon & Forsyth LLP	Consultant	Eugene Rahy/ Keren He	\$6,750.00
II	1 hr	Rouda, Feder, Teitjen, & McGuinn	Consultant	Jamie Tokudo vs Mitchel	\$1,500.00
II	.5 hr	Law Office of Mark S. Nelson	Consultant	McNab Case	\$500.00
II	2 day	Medtronic-Memphis (A 1302618)	Consultant	Cervical Referencing Development Lab	\$1974.00
II	2 day	Medtronic-Florida (A 1302618)	Consultant	Lab in Florida	\$7332.00
Total # Days					Total income earned \$ 19,556.00

<input type="checkbox"/> I did not engage in Category I or II activities during the reporting period. <input type="checkbox"/> I engaged in Category I activities and obtained prior approval (please attach approval form). <input type="checkbox"/> I exceeded the income threshold (\$40,000 or 40% of the Plan Participant's fiscal year base salary (Scale 0)) <input type="checkbox"/> I exceeded the time threshold (maximum of 48 days per fiscal year)		<input checked="" type="checkbox"/> I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of Medicine Health Sciences Compensation Plan Implementation Procedures, and my departmental guidelines for the Plan regarding limitations on the retention of earnings and time spent on Outside Professional Activities.	
Faculty Signature 		Date 10/3/2017	

The Chair's signature affirms that the form was received and reviewed. Corrective actions should be implemented if the time or earnings thresholds were exceeded without approval or if there were unapproved Category I activities.	
Department Chair Signature 	Date 9.3.19